

CLINICAL PRACTICE ALERT

AUGUST 2002



EMERGENCY CONTRACEPTION (EC)

INTERPRETATION OF THE STANDARDS

1. Informed Consent:

- All clients shall be advised of the availability of EC and offered this option in a noncoercive manner. Consent must be voluntary and the client may withdraw consent at any time.
- Consent for EC is required from the individual client only. Minors also have the right to self-consent and shall be provided EC without parental consent or notification.
- The consent process for EC shall be provided verbally in a language understood by the client and supplemented with written materials. Written informed consent is not required for orally administered agents.

2. Access to Care:

- EC, as well as all family planning methods, must be available at no cost to all Family PACT clients.
- The provision of EC is a time sensitive service. Clients in need of EC must initiate this contraceptive method as soon as possible but no later than 72 hours after unprotected intercourse. To expedite access to EC, drop-in visits are encouraged and client appointments not required to prescribe or dispense EC pills.
- Clinicians providing EC by prescription shall have an established relationship with local pharmacies for the referral of Family PACT clients.

3. Availability of Covered Services:

- Emergency contraceptives are FDA-approved and shall be available to female clients as a condition of delivering services under the Family PACT Program.

4. Scope of Clinical and Preventive Services:

- As with other contraceptive methods, the provision of EC shall be consistent with recognized medical practice standards including provision of EC in advance of need. Clients using less effective methods (e.g., barrier methods and Fertility Awareness Methods) are particularly appropriate candidates for advanced provision of EC.
- All clinicians delivering services under the Family PACT Program shall have professional knowledge and skills about medical practice standards pertaining to EC.

Program Policy

This alert provides an interpretation of the Family PACT Standards for integration of EC into current practice: minimum service delivery requirements for EC services. Providers should refer to the Family PACT *Policies, Procedures and Billing Instructions* for the complete text of the Family PACT Standards, official administrative practices and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term “shall” indicates a program requirement; the term “should” is advisory and not required.

RESOURCES FOR INFORMATION ON EMERGENCY CONTRACEPTION

- **Emergency Contraceptive Hotline Telephone:** 1-888-NOT-2-LATE or **Web site:** <http://ec.princeton.edu/>
- **The Program for Appropriate Technologies in Health (PATH) Web site:** http://path.org/resources/ec_resources.htm
- **Preven® Web site:** <http://www.preven.com/index.asp>
- **Plan B® Web site:** <http://www.gotoplanb.com>
- **Association of Reproductive Health Professionals (ARHP) Web site:** <http://www.arhp.org/arhpframe.html>
- **Planned Parenthood Web site:** <http://www.plannedparenthood.org/ec/>

EMERGENCY CONTRACEPTION (cont.)

- All EC methods shall be available for on-site dispensing or through prescription at a pharmacy, including Preven®, Plan B®, combination or progestin-only oral contraceptive preparations. The ParaGard® IUC may be an alternative EC option appropriate for clients who present within five (5) days of unprotected intercourse and desire long-term contraception.
- Owing to the low medical risk of and to enhance access to EC, laboratory testing, a comprehensive health history or physical examination are not required by the Family PACT Program. Other covered services may be provided if clinically indicated.
- EC shall be available to female clients receiving services under Primary Diagnostic Codes (“S” codes) for all contraceptive methods. EC is not a reimbursable service under the “S” codes for Pregnancy Testing (\$60) or Fertility Evaluation (\$90).
- EC services shall be documented in the medical record and shall include, but are not limited to, those topics listed in the Family PACT Standards.

5. Education and Counseling Services:

- All staff providing education and counseling services shall be knowledgeable about EC and the policies for use under the Family PACT Program.
- Clients initiating or continuing the use of contraceptive methods or with a negative pregnancy test and not attempting pregnancy shall have education and counseling about EC that must include written materials.
- For those clients choosing EC, specific instructions for the use of EC shall be provided both verbally and in written form. Clients shall have an opportunity to ask questions and discuss personal concerns about EC including how it works, that it does not interrupt an established pregnancy and the timing limitations with use.
- EC services shall be documented in the medical record and shall include, but are not limited to, those topics listed in the Family PACT Standards.

Questions and Answers

Can EC be prescribed to clients under age 18?

EC is defined as contraception. California state law does not require parental notification or consent for the provision of contraception (including EC) to minors. Furthermore, clinics that receive public funding are required by federal law to provide services to minors without parental consent or notification.

Does the use of EC cause abortion?

No, use of EC does not cause an abortion. EC prevents pregnancy and thereby reduces the need for induced abortion. Medical science defines the beginning of pregnancy as the implantation of a fertilized egg in the lining of a woman’s uterus. Implantation begins five to seven days after fertilization (and is completed several days later). Emergency contraceptives work before implantation, not after a woman is already pregnant. If a woman is already pregnant, EC will not work and is not known to cause harm.

Can I dispense or prescribe EC pills to males?

No, EC pills are not a reimbursable service for males under Family PACT.

Can EC be used as an ongoing method of birth control?

No. EC is for use in the event of unexpected exposure to pregnancy. EC would be less effective when used as ongoing contraceptive than other available methods. Repeated use of EC suggests that the client should receive education and counseling to support ongoing, correct and consistent method use.